

RECEIVED

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AT 8:30
WILLIAM T. WALSH, CLERK

REASON FOR CASE FILING — 1. FALSE CLAIM
2. FAILURE TO HOLD A REQUESTED
HEARING.
3. FAILURE TO PROVIDE A SINGLE
EVIDENCE OF THEIR CLAIM
4. DESPITE A CLEAR EVIDENCE OF
LOSS OF JOB FOR MORE THAN
ONE YEAR, THE DEFENDANTS
ORDERED THE IRS TO WITHHOLD
MY JOINT INCOME TAX RETURN.

PLAINTIFF;

NKECHINYERE O. EKE
P.O. BOX 967
ORANGE, NJ 07051-0967
PHONE (1-862)-261-2080.

DEFENDANTS:

NEW JERSEY HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY
P.O. BOX 548
TRENTON, NJ 06625.

- 1) THE NJSHESAA - HAS NO STUDENT AGREEMENT, TRANSCRIPT TO SUPPORT
THEIR CLAIM, OR AN ON-GOING COURSE AT THIS TIME.
- INCOME TAX RETURN OF MORE THAN \$5,000.00, THAT
COULD HAVE AIDED ME TO START SOMEWHERE, FOR THE
ASSISTANCE THEY FAILED TO GIVE ME AS A STUDENT.
- EVERY OTHER EVIDENCE WILL BE PRESENTED ON
HEARING.

Nke



NEW JERSEY
HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY
PO BOX 548
TRENTON, NEW JERSEY 08625

March 09, 2009

D155986188

NKECHINYERE O EKE
P.O. BOX 2479
EAST ORANGE NJ 07019

Dear Borrower:

FINAL WARNING

Your account will soon be forwarded to our attorneys for collection. As provided by federal regulations, your balance may increase to cover collection cost.

You may prevent paying these additional costs by making satisfactory repayment arrangements with our office immediately. Please call 1-800-792-8670, option 3 to speak to a member of staff within 15 days to avoid paying an additional fee on your loan.

DISREGARD THIS NOTICE IF PAYMENT HAS BEEN MAILED.

The Servicing/Collections Unit
Higher Education Student
Assistance Authority



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PO BOX 548
TRENTON, NEW JERSEY 08625

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The Servicing/Collections Unit
Higher Education Student
Assistance Authority

IN RE: STUDENT LOAN DEBT OF
NKECHINYERE O EKE, DEBTOR

REQUEST FOR HEARING

Social Security No: ~~2522~~-6188

NKECHINYERE O. EKE (EN)
Name 235 SOUTH HARRISON STREET
P.O. BOX 2479
Address
EAST ORANGE, NJ 07019-2479
City, State, Zip

(973) 414-1323

Home Phone #

()

Work Phone #

INSTRUCTIONS

Use this form to request a hearing if you object to wage withholding. Complete all parts that apply, and return the completed form and all required documentation to the address given following **PART II**. Be sure that your **name and social security number** appear on all documents and sheets of paper you submit with this form.

If you wish to enter into a repayment agreement in order to prevent wage withholding, **DO NOT USE THIS FORM**. Instead, contact the Higher Education Student Assistance Authority Collections Department at the telephone number listed on the Notice Prior to Wage Withholding. By agreeing to repay, you are also agreeing that you do not contest the debt, and that if you do not honor that repayment agreement, your debt can be collected by garnishment without further notice.

PART I. REQUEST FOR HEARING. (Check ONLY ONE of the following, then complete Parts II and III of this form.)

- ☐ I want a hearing based on my **written statement** and the records in my loan file.
- ☐ I want a hearing by **telephone**. (Provide a telephone number where you can be reached during the day): ()
- ☒ I want an **in-person** hearing at which will be held in or near Newark, Trenton or Atlantic City, New Jersey. (I understand that I must pay my own expenses to appear at this hearing.)

PART II. REASONS WHY YOU OBJECT TO GARNISHMENT. (Check one or more reasons that apply.) Explain any further facts concerning your objection on a separate sheet of paper. You have the burden of proving any claims raised by your objection(s). The hearing on your objection(s) will be conducted based on the information on this form, any documentation you provide, and the documentation maintained by the **HESAA**. Please note that failure to provide written proof of your objection(s) may result in a hearing official issuing a decision to deny your objection as unsubstantiated.

- ☐ I was involuntarily separated from employment and have not been re-employed continuously for twelve (12) months. If you are covered under a state's unemployment program, you should submit this form along with documents from the New Jersey Department of Labor Unemployment and Disability Insurance Services indicating your entitlement to unemployment compensation, and a statement from your present employer indicating the date you began work at your present job. If you are not covered under a state's unemployment program (even if involuntarily separated from employment), you must provide a statement to that effect from the state unemployment agency. Please note that failure to provide written proof may result in a decision by the hearing official to deny your objection.

My previous employer was: NEWARK BETH ISRAEL MEDICAL CENTER ^{FROM} 4/2000 - 4/2003
201 LYONS AVENUE, NEWARK, NJ 07112
Address City State Zip

Phone #: (973) 926-7000 Date of Separation: FROM 04/2000 - 04/2003

My present employer is: EAST ORANGE GENERAL HOSPITAL FROM 06/2004 - 12/2007
300 CENTRAL AVENUE, EAST ORANGE, NJ 07018
Address City State Zip

Phone #: (973) 672-8400 Date Hired: 06/2004 - 12/2007

- ☐ I do not owe the full amount shown because I repaid some or all of this loan. (Enclose copies of the front and backs of all checks, money orders, and any receipts showing payments made to the holder of the loan.)
- ☐ I am making payments on this loan as required under the repayment agreement I reached with the holder of the loan. (Enclose copies of the repayment agreement and copies of the front and back of checks where you paid on the agreement.)
- ☐ Garnishment of 15% of my disposable pay would result in an extreme financial hardship. (You will be mailed financial disclosure forms that you should complete and return to support your claim, along with copies of all documentation required to support your claims on those forms.) The hearing official will make a determination of the amounts you should pay based on a review of the financial disclosure forms and any documentation you submit.
- ☐ I filed for bankruptcy and my case is still open. (Enclose copies of any document from the court that shows the date that you filed, the name of the court, and your case number.)
- ☐ This loan was discharged in bankruptcy. (Enclose copies of loan discharge order and the schedule of debts filed with the court.)
- ☐ The borrower has died. (Enclose copy of borrower's Death Certificate.)
- ☐ I am totally and permanently disabled (unable to work and earn money because of an impairment that is expected to continue indefinitely or result in death.) I request an application for discharge of my loan for this reason.
- ☐ I used this loan to enroll in _____
(name of school) on or about _____ / _____ / _____, and could not complete my educational program because the school closed while I was enrolled or not later than 90 days after I withdrew. I request an application for discharge of my loan for this reason.
- ☐ I did not have a high school diploma or GED when I enrolled at the school I attended when receiving this loan, and I believe the school did not properly test my ability to benefit from the program. I request an application for discharge of my loan for this reason.
- ☐ When I borrowed this loan to attend _____
(name of school), I had a condition (physical, mental, age, criminal record) that prevented me from meeting state requirements for performing the occupation for which I received training at the school. I request an application for discharge of my loan for this reason.
- ☐ I believe that a representative of _____
(name of school), signed my name without my permission on the loan application, promissory note, loan check(s), or authorization for my loan to be disbursed by electronic funds transfer or master check. I request an application for discharge of my loan for this reason.
- ☐ This is not my Social Security Number, and I do not owe this loan. (Enclose a copy of your driver's license or other identification issued by a federal, state, or local government agency, and a copy of your Social Security Card.)
- ☐ I believe that this loan is not an enforceable debt in the amount stated for the reasons explained in the attached letter. (Attach a letter with any supporting documentation explaining any reason other than those listed above for your objection to collection of this loan amount by garnishment of your salary.)

PART III. I SWEAR under penalty of perjury that the statements I have made on this request are true and accurate to the best of my knowledge.

DATE: 04/03/08

SIGNATURE: _____

reflex

RETURN THIS FORM TO:

Higher Education Student Assistance Authority
PO Box 548
4 Quakerbridge Plaza
Trenton, New Jersey 08625